

## DECLARATION FOR PATENT APPLICATION

Docket No. TOBINICK  
3.0-012(CIP)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CYTOKINE ANTAGONISTS FOR THE TREATMENT OF  
SENSORINEURAL HEARING LOSS, the specification of which

(check one) ☒ is attached hereto.
☐ was filed on \_\_\_\_\_ as  
Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application(s) |           |                        | Priority Claimed |    |
|------------------------------|-----------|------------------------|------------------|----|
| (Number)                     | (Country) | (Day/Month/Year Filed) | Yes              | No |
| (Number)                     | (Country) | (Day/Month/Year Filed) | Yes              | No |
| (Number)                     | (Country) | (Day/Month/Year Filed) | Yes              | No |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

09/654,996 (filed 9/5/00); 09/563,651 (filed 5/2/00); 09/476,643 (filed 12/31/99);  
 (Application Serial No.) (Filing Date) (Status - patented, pending, abandoned)  
 09/275,070 (filed 3/23/99 - now U.S. Patent No. 6,015,557); 09/256,388 (filed 2/24/99 - aband)  
 (Application Serial No.) (Filing Date) (Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Ezra Sutton, Reg. No. 25,770

Address all telephone calls to \_\_\_\_\_ at telephone no. (732) 634-9520Address all correspondence to \_\_\_\_\_  
EZRA SUTTON, P.A.  
Plaza 9, 900 Route 9  
Woodbridge, New Jersey 07095

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that such statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code and that such willful false statements are prohibited by the validity of the application or any patent issued thereon.

Full name of sole or first inventor EDWARD L. TOBINICK, M.D.  
 Inventor's signature Edward L. Tobinick, M.D. Date December 26, 2000  
 Residence Los Angeles, California 90024-6903 Citizenship United States of America  
 Post Office Address 100 UCLA Medical Plaza, Suite 205  
Los Angeles, California 90024-6903

(If name of second joint inventor, if any)  
 Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Post Office Address \_\_\_\_\_

Applicant or Patentee: EDWARD L. TOBINICK, M.D. Attorney's  
Serial or Patent No.: \_\_\_\_\_  
Filed or Issued: \_\_\_\_\_  
Title: CYTOKINE ANTAGONISTS FOR THE TREATMENT OF (LIP)  
SENSORINEURAL HEARING LOSS

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.2(f) AND 1.27(b) - INDEPENDENT INVENTOR)**

As a below-named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark office with regard to the invention entitled CYTOKINE ANTAGONISTS FOR THE TREATMENT OF SENSORINEURAL HEARING LOSS

described in:

- ☒ the specification filed herewith  
☐ Application Serial No. \_\_\_\_\_, filed \_\_\_\_\_  
☐ Patent No. \_\_\_\_\_, issued \_\_\_\_\_

I have not assigned, granted, conveyed, or licensed and am under no obligation, under contract or law to assign, grant, convey, or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization  
☐ persons, concerns, or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

EDWARD L. TOBINICK, M.D.  
NAME OF INVENTOR NAME OF INVENTOR NAME OF INVENTOR  
X Edward L. Tobinick, M.D.  
Signature of Inventor Signature of Inventor Signature of Inventor

December 26, 2008

Date Date Date